

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DOUG LAMALFA COMMITTEE

ADDRESS (number and street) ▼

2150 RIVER PLAZA DR., #150

☐ Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. FEC IDENTIFICATION NUMBER ▼

C C00509422

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2015

through

M M / D D / Y Y Y Y

09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVID BAUER

Signature of Treasurer DAVID BAUER

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DOUG LAMALFA COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	75809.49	193234.49
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	75809.49	192234.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	46724.98	128045.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1753.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	46724.98	126291.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	176576.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4516.74	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DOUG LAMALFA COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

44033.50

106508.50

(ii) Unitemized.....

1000.00

6450.00

(iii) TOTAL of contributions from individuals ▶

45033.50

112958.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

30775.99

80275.99

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

75809.49

193234.49

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

1753.28

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

75809.49

194987.77

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46724.98	128045.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	30000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	4545.00	7150.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	51269.98	166195.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	152036.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	75809.49
25. SUBTOTAL (add Line 23 and Line 24).....	227846.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51269.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	176576.12

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Gail Montna

Mailing Address 12755 Garden Hwy.

City

YUBA CITY

State

CA

Zip Code

95991

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montna Farms

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1533.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

Transaction ID : NONA3268

Amount of Each Receipt this Period

1533.50

Fundraising event

Full Name (Last, First, Middle Initial)

Diljit Bains

Mailing Address 5716 E. Bayshore Walk

City

Long Beach

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : INCA3154

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Melbay Farms

Mailing Address 2661 Encinal Road

City

Live Oak

State

CA

Zip Code

95953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unincorporated

Occupation

Partnership

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Transaction ID : INCA3182

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3533.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

SAMUEL NEVIS

Mailing Address PO BOX 3775

City

Yuba City

State

CA

Zip Code

95992

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-SAMUEL NEVISOccupation
FARMER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		13		2015

Transaction ID : IDTA278

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Empire Farming Co., LLC

Mailing Address P.O. Box 3686

City

YUBA CITY

State

CA

Zip Code

95992

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Unincorporated

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2015

Transaction ID : INCA3184

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Gary Thiara

Mailing Address P.O. Box 3686

City

YUBA CITY

State

CA

Zip Code

95992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Empire Farming Co.Occupation
Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2015

Transaction ID : IDTA279

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Nick & Charlsie Macy

Mailing Address 583 County Road 155

City

Tulelake

State

CA

Zip Code

96134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Macy's Flying Service, Inc

Occupation

Manager/Secretary

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

Transaction ID : INCA3187

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Mitch Butler

Mailing Address 3701 Bradley Ln.

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Natural Resource Results

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2015

Transaction ID : INCA3190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Marcus Faust

Mailing Address 3008 Apple Brook Ln.

City

OAKTON

State

VA

Zip Code

22124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marcus Faust, Attorney at Law

Occupation

Pres.

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2015

Transaction ID : INCA3191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Patrick Mitchell

A.

Mailing Address 412 1st St. SE #1

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Impact

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		21		2015

Transaction ID : INCA3189

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MOREHEAD LAND LLC

B.

Mailing Address 10373 SOUTH BUTTE ROAD

City

Sutter

State

CA

Zip Code

95982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

Unincorporated

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		30		2015

Transaction ID : INCA3202

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Darren Morehead

C.

Mailing Address 3433 Lessey Drive

City

Yuba City

State

CA

Zip Code

95993

FEC ID number of contributing
federal political committee.

C

Name of Employer

Butte Sand & Gravel

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		30		2015

Transaction ID : IDTA280

Amount of Each Receipt this Period

1350.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Joseph Morehead II

Mailing Address P.O. Box 749

City

SUTTER

State

CA

Zip Code

95982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morehead land

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : IDTA281

Amount of Each Receipt this Period

1350.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Alabama-Coushatta Tribe

Mailing Address 571 State Park Rd. 56

City

LIVINGSTON

State

TX

Zip Code

77351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sovereign nation

Occupation

Indian tribe

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : INCA3214

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Scott Dacey

Mailing Address 139 Trent Shores Dr.

City

TRENT WOODS

State

NC

Zip Code

28562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Craven County

Occupation

Commissioner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : INCA3210

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

. Poarch Band of Creek Indians

Mailing Address 5811 Jack Springs Rd.

City

ATMORE

State

AL

Zip Code

56502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sovereign nation

Occupation

Indian tribe

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : INCA3215

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

. Poarch Band of Creek Indians

Mailing Address 5811 Jack Springs Rd.

City

ATMORE

State

AL

Zip Code

56502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sovereign nation

Occupation

Indian tribe

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : INCA3213

Amount of Each Receipt this Period

1700.00

Full Name (Last, First, Middle Initial)

Franklin Creek Consulting

Mailing Address 38815 Dutchman's Knoll Dr.

City

LOVETTSVILLE

State

VA

Zip Code

20180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Partnership

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

Transaction ID : INCA3218

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial) Thomas Brioonson		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015	
Mailing Address 38815 Dutchman's Knoll Dr.		Transaction ID : IDTA282	
City LOVETTSVILLE	State VA	Zip Code 20180	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Frnaklin Creek Consulting	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) . Confederated Tribes of Grand R		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2015	
Mailing Address 9615 Grand Ronde Rd.		Transaction ID : INCA3226	
City GRAND RONDE	State OR	Zip Code 97347	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sovereign nation	Occupation Indian tribe		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Tyson Redpath		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2015	
Mailing Address 3626 Brandywine St. NW		Transaction ID : INCA3225	
City WASHINGTON	State DC	Zip Code 20008	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Leshner, Russell and Barron	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		1500.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Douglas Gessner

Mailing Address 300 North LaSalle

City

Chicago

State

IL

Zip Code

60654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kirkland & Ellis LLP

Occupation

Partner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : INCA3231

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. David Marinoff

Mailing Address 3020 Holyrood Dr

City

Oakland

State

CA

Zip Code

94611

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Bay Perinatal

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : INCA3235

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Ron Elon Meisler

Mailing Address 1180 Daryl Lane

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skadden, Arps, Slate, Meagher, and Flo

Occupation

Partner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : INCA3237

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial) Daniel Minkoff			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		25		2015										
M M M	/	D D D	/	Y Y Y Y Y Y																				
08		25		2015																				
Mailing Address 6272 Virgo Rd			Transaction ID : INCA3239																					
City Oakland	State CA	Zip Code 94611	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1500.00</td> </tr> </table>		1500.00																			
1500.00																								
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			C																					
C																								
Name of Employer Minkoff Group		Occupation Investor																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1500.00</td> </tr> </table>			1500.00																			
1500.00																								

B. Full Name (Last, First, Middle Initial) Jennifer Schneidermann			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		25		2015										
M M M	/	D D D	/	Y Y Y Y Y Y																				
08		25		2015																				
Mailing Address 145 S. Jackson Way			Transaction ID : INCA3241																					
City Alamo	State CA	Zip Code 94507	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1500.00</td> </tr> </table>		1500.00																			
1500.00																								
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			C																					
C																								
Name of Employer Morgan Stanley		Occupation Financial Advisor																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1500.00</td> </tr> </table>			1500.00																			
1500.00																								

C. Full Name (Last, First, Middle Initial) Lori Silverman			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		25		2015										
M M M	/	D D D	/	Y Y Y Y Y Y																				
08		25		2015																				
Mailing Address 790 Estate Drive			Transaction ID : INCA3233																					
City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1500.00</td> </tr> </table>		1500.00																			
1500.00																								
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			C																					
C																								
Name of Employer Motrixi Media Group		Occupation Executive																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1500.00</td> </tr> </table>			1500.00																			
1500.00																								

SUBTOTAL of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">4500.00</td> </tr> </table>		4500.00				
4500.00									
TOTAL This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

STEPHEN DANNA

A.

Mailing Address 491 LINDSEY LANE

City

Yuba City

State

CA

Zip Code

95993

FEC ID number of contributing
federal political committee.

C

Name of Employer
DANNA PROPERTIESOccupation
FARMING

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

Transaction ID : INCA3245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

. YOCHA DEHE WINTUN NATION

B.

Mailing Address 18960 COUNTY RD. 75A

City

Brooks

State

CA

Zip Code

95606

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDIAN TRIBEOccupation
SOVEREIGN NATION

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

Transaction ID : INCA3248

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

CANAL FARMS

C.

Mailing Address 1 COMET LANE

City

Maxwell

State

CA

Zip Code

95955

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnincorporatedOccupation
Partnership

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : INCA3262

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 43

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial)
KEVIN DENNIS

Mailing Address **PO BOX 368**

City Maxwell	State CA	Zip Code 95955
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CANAL FARMS	Occupation PARTNER
--	------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Transaction ID : IDTA284

Amount of Each Receipt this Period

400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEVEN DENNIS

Mailing Address **PO BOX 368**

City Maxwell	State CA	Zip Code 95955
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CANAL FARMS	Occupation PARTNERS
--	-------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Transaction ID : IDTA283

Amount of Each Receipt this Period

400.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Alan Engel

Mailing Address **333 W. Maude Ave, Suite 218**

City Sunnyvale	State CA	Zip Code 94085
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer S-101 Management Co	Occupation President
--	--------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Transaction ID : INCA3272

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sandord Perl

Mailing Address 570 Longwood Avenue

City

Glenco

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kirkland & Ellis LLP

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : INCA3271

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Steve Ritchie

Mailing Address 884 Bluff St

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kirkland & Ellis LLP

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : INCA3269

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Robert Wolfberg

Mailing Address 800 Grove St

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLS

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : INCA3270

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Darrell Wood**A.**

Mailing Address Po box 94

City

Vina

State

CA

Zip Code

96092

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Rancher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		16		2015

Transaction ID : INCA3277

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Yvonne Koehnen**B.**

Mailing Address 3191 Hiway 45

City

Glenn

State

CA

Zip Code

95943

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2015

Transaction ID : INCA3283

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

. Mashantucket Pequot Tribal Nat**C.**

Mailing Address P.O. Box 3008

City

MASHANTUCKET

State

CT

Zip Code

06338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sovereign nationOccupation
Indian tribe

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : INCA3292

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

2700.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gregory Burns

Mailing Address 440 10th Street NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consultant

Occupation

Van Scoyoc Associates

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : INCA3294

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. H. Stewart Van Scoyoc

Mailing Address 131 Yarnick Rd.

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Van Scoyoc & Assoc.

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : INCA3299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. . Miccosukee Tribe

Mailing Address P.O. Box 440021

City

MIAMI

State

FL

Zip Code

33144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sovereign nation

Occupation

Indian tribe

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : INCA3308

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

. Samish Tyee

Mailing Address P.O. Box 161

City

ANACORTES

State

WA

Zip Code

98221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sovereign nation

Occupation

Indian tribe

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : INCA3307

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

. Shakopee Mdewakanton Sioux Com

Mailing Address 2330 Sioux Trail, NW

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sovereign nation

Occupation

Indian Tribe

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : INCA3306

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3700.00

44033.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial) Specialty Equipment Market Assoc. Federal PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		06		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
07		06		2015									
Mailing Address 1575 S. Valley Vista Dr.		Transaction ID : INCA3176											
City DIAMOND BAR	State CA	Zip Code 91765	Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00									
2500.00													
FEC ID number of contributing federal political committee. C C00389403													
Name of Employer	Occupation												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00										
2500.00													
B. Full Name (Last, First, Middle Initial) NRA Political Victory Fund		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		27		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
07		27		2015									
Mailing Address 11250 Waples Mill Road		Transaction ID : INCA3194											
City Fairfax	State VA	Zip Code 22030	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00													
FEC ID number of contributing federal political committee. C C00053553													
Name of Employer	Occupation												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													
C. Full Name (Last, First, Middle Initial) AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY PAC (PT-PAC)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		03		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
08		03		2015									
Mailing Address 1111 N. FAIRFAX ST.		Transaction ID : INCA3198											
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00													
FEC ID number of contributing federal political committee. C C00012880													
Name of Employer	Occupation												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>4500.00</td> </tr> </table>		4500.00									
4500.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial) IPAA WILDCATTERS FUND		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		06		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
08		06		2015										
Mailing Address 1201 15TH STREET, NW SUITE 300		Transaction ID : INCA3204												
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>											1000.00
										1000.00				
FEC ID number of contributing federal political committee. C C00246306														
Name of Employer Occupation														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>												1000.00
										1000.00				
B. Full Name (Last, First, Middle Initial) Nat'l Beer Wholesalers Assoc. PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		06		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
08		06		2015										
Mailing Address 1101 King St., #600		Transaction ID : INCA3205												
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>											1000.00
										1000.00				
FEC ID number of contributing federal political committee. C C00144766														
Name of Employer Occupation														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>												1000.00
										1000.00				
C. Full Name (Last, First, Middle Initial) PG&E Corporation PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		06		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
08		06		2015										
Mailing Address 77 Beale St.		Transaction ID : INCA3206												
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>											1000.00
										1000.00				
FEC ID number of contributing federal political committee. C C00177469														
Name of Employer Occupation														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>3500.00</td> </tr> </table>												3500.00
										3500.00				
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>3000.00</td> </tr> </table>												3000.00
										3000.00				
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>												

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. American Petroleum Institute PAC

Mailing Address 1220 L St. NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C C00483677

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : INCA3211

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chevron Employees PAC

Mailing Address P.O. Box 6016

City

San Ramon

State

CA

Zip Code

94583

FEC ID number of contributing federal political committee.

C C00035006

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : INCA3212

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nat'l Stone, Sand and Gravel Assoc. ROCKPAC

Mailing Address 1605 King St.

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing federal political committee.

C C00089458

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : INCA3220

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Lockheed Martin Employees' PAC

Mailing Address 2121 Crystal Dr., #100

City

ARLINGTON

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : INCA3224

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Halliburton Company PAC (HALPAC)

Mailing Address 10200 Bellaire Blvd.

City

HOUSTON

State

TX

Zip Code

77072

FEC ID number of contributing
federal political committee.

C C00035691

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : INCA3227

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

Wal-Mart Stores, Inc PAC for Responsible Gov't (WAL*PAC)

Mailing Address 702 SW 8th Street

City

Bentonville

State

AR

Zip Code

72716

FEC ID number of contributing
federal political committee.

C C00093054

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : INCA3229

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

FARM CREDIT PAC

A.

Mailing Address 50 F ST. NW, STE. 900

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00193631

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

Transaction ID : INCA3249

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Safari Club Int'l PAC

B.

Mailing Address 4800 W. Gates Pass Rd.

City

TUSCON

State

AZ

Zip Code

85745

FEC ID number of contributing
federal political committee.

C C00122101

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

Transaction ID : INCA3247

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Aerojet Rocketdyne & Gencorp PAC

C.

Mailing Address P.O. Box 13222

City

SACRAMENTO

State

CA

Zip Code

95813

FEC ID number of contributing
federal political committee.

C C00129122

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : INCA3291

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

5700.00

TOTAL This Period (last page this line number only).....

Diagram illustrating a 1D lattice with 5 sites. The particles are labeled as follows:

- Site 1: 11a, 12
- Site 2: 11b, 13a
- Site 3: 11c (marked with an X), 13b
- Site 4: 11d, 14
- Site 5: 15

NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

1000.00

Fundraising event

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET, STE. 225

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.**C** C00250399

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : INCA3300

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVE. NW, STE. 600

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.**C** C00004275

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : INCA3311

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nat'l Assoc. of Farm Service Agency County Office Employees, Inc. PAC (NASCOE)

Mailing Address 313 Massachusetts Ave. NE

City	State	Zip Code
WASHINGTON	DC	20002

FEC ID number of contributing
federal political committee.**C** C00413567

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : INCA3310

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial) Occidental Petroleum Corp. PAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		30		2015
M M	/	D D	/	Y Y Y Y									
09		30		2015									
Mailing Address 10889 Wilshire Blvd.		Transaction ID : INCA3305											
City LOS ANGELES	State CA	Zip Code 90024	Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00									
2500.00													
FEC ID number of contributing federal political committee. C C00083857													
Name of Employer 		Occupation 											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00									
2500.00													

B. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer		Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer		Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											

SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00
2500.00			
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td>30775.99</td> </tr> </table>	30775.99
30775.99			

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Chase Card Services

Mailing Address P.O. Box 94014

City	State	Zip Code
Palatine	IL	60094

Purpose of Disbursement
Credit card payment

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

40.00

Transaction ID : EXPB3115

B. Metro PCS

Mailing Address 167 G St. #101

City	State	Zip Code
LINCOLN	CA	95648

Purpose of Disbursement
Phone svc.

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

40.00

Transaction ID : EDTB99EXPB3115

[MEMO ITEM]

C. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Merchant fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

79.00

Transaction ID : EXPB3167

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

119.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gail Montna

Mailing Address 12755 Garden Hwy.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

City	State	Zip Code
YUBA CITY	CA	95991

Purpose of Disbursement
Fundraising event

Amount of Each Disbursement this Period

1533.50

Transaction ID : NONB3268

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Merchant fee

Amount of Each Disbursement this Period

314.00

Transaction ID : EXPB3168

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Merchant fee

Amount of Each Disbursement this Period

13.50

Transaction ID : EXPB3169

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1861.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Public Square Partners

Mailing Address 1127 11th St., #548

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Fundraising expenses

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

5211.24

Transaction ID : EXPB3161

B. Public Square Partners

Mailing Address 1127 11th St., #548

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Fundraising consulting

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : EXPB3163

C. Verizon Wireless

Mailing Address P. O. Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement
Phone svc.

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

215.27

Transaction ID : EXPB3164

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7926.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Merchant fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

65.50

Transaction ID : EXPB3183

B. Public Square Partners

Mailing Address 1127 11th St., #548

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Storage

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

291.18

Transaction ID : EXPB3178

C. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Merchant fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Disbursement this Period

2.13

Transaction ID : EXPB3188

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

358.81

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

130.50

Purpose of Disbursement
Merchant fee

001

Transaction ID : EXPB3207

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. AT&T Mobility

Mailing Address P. O. Box 537104

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2015

City	State	Zip Code
Atlanta	GA	30353

Amount of Each Disbursement this Period

123.27

Purpose of Disbursement
Phone svc.

001

Transaction ID : EXPB3195

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. David Bauer

Mailing Address 2150 River Plaza Dr., #150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2015

City	State	Zip Code
Sacramento	CA	95833

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Accounting svc.

001

Transaction ID : EXPB3196

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

553.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

2.13

Purpose of Disbursement
Merchant fee

001

Transaction ID : EXPB3208

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Card Services

Mailing Address P.O. Box 94014

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Palatine	IL	60094

Amount of Each Disbursement this Period

2903.04

Purpose of Disbursement
Credit card payment

002

Transaction ID : EXPB3200

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Metro PCS

Mailing Address 167 G St. #101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
LINCOLN	CA	95648

Amount of Each Disbursement this Period

40.00

Purpose of Disbursement
Phone svc.

001

Transaction ID : EDTB100EXPB3200

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2905.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Meritage Resort

Mailing Address 875 Bordeaux Way

City	State	Zip Code
NAPA	CA	94558

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Amount of Each Disbursement this Period

2868.04

Transaction ID : EDTB101EXPB3200

[MEMO ITEM]**B. Verizon Wireless**

Mailing Address P. O. Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement
Phone svc.

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Amount of Each Disbursement this Period

718.93

Transaction ID : EXPB3199

c. Public Square Partners

Mailing Address 1127 11th St., #548

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	5

Amount of Each Disbursement this Period

2591.66

Transaction ID : EXPB3203

SUBTOTAL of Disbursements This Page (optional).....

3310.59

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

2.13

Purpose of Disbursement
Merchant fe

001

Transaction ID : EXPB3223

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Prevail Strategies

Mailing Address 400 First St. SE 2nd Fl.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

City	State	Zip Code
WASHINGTON	DC	20003

Amount of Each Disbursement this Period

22065.61

Purpose of Disbursement
Fundraising commission and expenses

003

Transaction ID : EXPB3219

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. David Bauer

Mailing Address 2150 River Plaza Dr., #150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

City	State	Zip Code
Sacramento	CA	95833

Amount of Each Disbursement this Period

663.55

Purpose of Disbursement
Accounting svc.

001

Transaction ID : EXPB3222

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22731.29

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. AT&T Mobility

Mailing Address P. O. Box 537104

City	State	Zip Code
Atlanta	GA	30353

Purpose of Disbursement
Phone svc.

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2015

Amount of Each Disbursement this Period

123.98

Transaction ID : EXPB3228

B. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Merchant fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

588.00

Transaction ID : EXPB3250

c. Chase Card Services

Mailing Address P.O. Box 94014

City	State	Zip Code
Palatine	IL	60094

Purpose of Disbursement
Credit card payment

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

84.82

Transaction ID : EXPB3242

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

796.80

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Public Square Partners

Mailing Address 1127 11th St., #548

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

2591.66

Transaction ID : EXPB3251

B. Verizon Wireless

Mailing Address P. O. Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement
Phone svc.

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

Amount of Each Disbursement this Period

206.43

Transaction ID : EXPB3252

C. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Merchant fee

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

392.00

Transaction ID : EXPB3273

SUBTOTAL of Disbursements This Page (optional).....

3190.09

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

7.00

Purpose of Disbursement
MERCHANT FEE

001

Transaction ID : EXPB3287

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

38.88

Purpose of Disbursement
MERCHANT FEE

001

Transaction ID : EXPB3288

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

13.50

Purpose of Disbursement
MERCHANT FEE

001

Transaction ID : EXPB3289

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

59.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

3.75

Purpose of Disbursement
Merchant fee

001

Transaction ID : EXPB3301

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

3.75

Purpose of Disbursement
Merchant fee

001

Transaction ID : EXPB3312

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Van Scoyoc Associates PAC

Mailing Address 101 Constitution Ave. N.W. #600

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2015

City	State	Zip Code
WASHINGTON	DC	20001

Amount of Each Disbursement this Period

2075.99

Purpose of Disbursement
Fundraising eventCategory/
Type

Transaction ID : NONB3314

Candidate Name

Van Scoyoc Associates PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2083.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Bauer

Mailing Address 2150 River Plaza Dr., #150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

City	State	Zip Code
Sacramento	CA	95833

Amount of Each Disbursement this Period

347.30

Purpose of Disbursement
Accounting svc.

001

Transaction ID : EXPB3296

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. EFUNDRAISING CONNECTIONS

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

16.75

Purpose of Disbursement
Merchant fee

001

Transaction ID : EXPB3313

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

364.05

46259.95

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 43

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Poliquin for Congress

Mailing Address P. O. Box 50

City	State	Zip Code
OAKLAND	ME	04963

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bruce Poliquin

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: ME

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : EXPB3263

B. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeff Denham

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : EXPB3297

c. Valadao for Congress

Mailing Address 5132 N. Palm Ave. #227

City	State	Zip Code
FRESNO	CA	93704

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Valadao

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : EXPB3295

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

4500.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 42 OF 43

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pacific Sun Gourmet, LLC

Nature of Debt (Purpose):

Fundraising supplies. Debt forgiven 7/9/15 by owner, Brendan Flynn.

Mailing Address P.O. box 955

City State

Zip Code

GERBER

CA

96035

Outstanding Balance Beginning This Period

150.00

Transaction ID : PAYD3159

Amount Incurred This Period

-150.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Public Square Partners

Nature of Debt (Purpose):

Fundraising expenses

Mailing Address 1127 11th St., #548

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

5211.24

Transaction ID : PAYD3160

Amount Incurred This Period

0.00

Payment This Period

5211.24

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Public Square Partners

Nature of Debt (Purpose):

Storage

Mailing Address 1127 11th St., #548

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

291.18

Transaction ID : PAYD3177

Amount Incurred This Period

0.00

Payment This Period

291.18

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 43 OF 43

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Public Square Partners

Nature of Debt (Purpose):

Fundraising event

Mailing Address 1127 11th St., #548

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD3316

Amount Incurred This Period

4516.74

Payment This Period

0.00

Outstanding Balance at Close of This Period

4516.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

4516.74

2) **TOTALS** This Period (last page this line number only) ►

4516.74

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

4516.74